



MAINE STATE BOARD OF NURSING

24 Stone Street • 158 State House Station • Augusta, ME 04333-0158
Phone (207) 287-1133 Fax (207) 287-1149 TDD (207) 287-1151

APPLICATION FOR EXAMINATION AND LICENSE AS A REGISTERED PROFESSIONAL NURSE

DO NOT WRITE IN THIS SPACE

Application Received _____

Application approved by Board of Nursing: _____

Fee: Cash _____ Check _____ MO _____

Chair

Receipt # _____

Examination Date _____

Executive Director

Re-examination Date(s) _____

License Date _____

Date

LICENSE NUMBER _____

INSTRUCTIONS. An applicant for the registered nurse examination and license must submit to the office of the Board of Nursing at least 30 days before the scheduled date of the licensure examination the following:

1. application form completed in ink or typewritten and properly notarized with signature in applicant's handwriting, and
2. required fee of \$60.00 in the form of a check or money order, made payable to the Treasurer of State of Maine, and
3. recent passport type photograph (not more than two years old), signed and dated and enclosed with application form as indicated.

THE APPLICATION FEE IS NOT REFUNDABLE

SECTION I. PROFILE INFORMATION

Print legal name _____
(first) (middle) (maiden) (last)

List any other names used previously _____

Residential address _____
(street and number or route)

(city)

(county)

(state and zip code)

Mailing address (if different from above) _____

Telephone Number _____ Social Security Number _____

Birthplace _____ Date of Birth _____
(city/state) (month/day/year)

High School _____
(name and location)

Date of Graduation _____ G.E.D. ☐ Yes ☐ No Date of G.E.D. Diploma _____

SECTION II. BASIC NURSING EDUCATION

School of Nursing _____
(name)

(address)

Date of Entrance _____ Date of Graduation _____ Length of Program _____

Diploma Associate Baccalaureate Masters

Have you ever been licensed as a practical nurse? ☐ Yes ☐ No

If yes, indicate state(s), date(s), of licensure and license number(s).

SECTION III. TO BE COMPLETED BY ADMINISTRATIVE OFFICER OF SCHOOL OF NURSING

I hereby certify that _____
(applicant's name)

(applicant's address)

successfully completed the prescribed nursing education program in the

(name of school)

on _____
(month/day/year)

(signature)

SCHOOL SEAL

(title)

(name of school)

SECTION IV. EXAMINATION HISTORY

Have you ever taken an examination for registered nurse licensure?

☐ Yes If yes, indicate state(s) and date(s).

☐ No

SECTION V. RESIDENCE INFORMATION

What state (or country if you are not from the U.S.) do you claim as your legal residence?

SECTION VI. OTHER INFORMATION

Have you ever been convicted of a crime other than minor traffic violations?

- ☐ Yes (If yes, describe the nature of the crime including its disposition. You are required to submit copies of all relevant court records.)
- ☐ No

THIS FORM MUST BE NOTARIZED

TAPE TOP ONLY
one recent photograph

Sign back of photo and
indicate year taken

Photo must be:

Full face view

Passport type

Clear and recognizable
likeness

I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have read and understand this affidavit.

Signature of Applicant _____

Sworn to before me this _____ day of _____, 20 _____.

(SEAL)

Notary Public _____

My commission expires _____ in and for the State of _____